

Application Data Sheet

Application Information

Application number::	Unassigned
Filing Date::	Filed Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
Sequence Submission::	Yes
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	MUCOSAL CYTOTOXIC T LYMPHOCYTE RESPONSES
Attorney Docket Number::	015280-368230US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	17
Small Entity?::	No
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name:: Jay
Middle Name:: A.
Family Name:: Berzofsky
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 5908 Bradley Blvd.
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814-1107

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Igor
Middle Name:: M.
Family Name:: Belyakov
Name Suffix::
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 10230 Wild Apple Cir.
City of Mailing Address:: Gaithersburg
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20879

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Michael
Middle Name:: A.
Family Name:: Derby
Name Suffix::
City of Residence:: Germantown
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11413 Herefordshire Way
City of Mailing Address:: Germantown
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20876

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: L.
Family Name:: Kelsall
Name Suffix::
City of Residence:: Washington
State or Province of Residence:: DC
Country of Residence:: US
Street of Mailing Address:: 5030 Eskridge Terrace NW
City of Mailing Address:: Washington
State or Province of mailing address:: DC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20016

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Warren
Middle Name::
Family Name:: Strober
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 8301 Whittier Blvd.
City of Mailing Address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/508,552	06/12/00
09/508,552	National Stage of	PCT/US98/19028	09/11/98
PCT/US98/19028	Application claiming	60/058,523	09/11/97
	benefit under 35 U.S.C.		
	119(e)(1) of		
PCT/US98/19028	Application claiming	60/074,894	02/17/98
	benefit under 35 U.S.C.		
	119(e)(1) of		

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Health and Human Services, The Government of
the United States of America, as Represented by
Street of mailing address:: 6011 Executive Boulevard, Suite 325
City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852